Milwaukee County Behavioral Health Division *Late Summer 2006*

COMMUNITY SERVICES BRANCH

Jim Hill, Administrator BHD

On July 10, 2006, BHD held a public meeting to discuss proposed 2007 budget recommendations that would be submitted to the County Executive. Included in this proposal was the recommendation to cease operations of County-operated CSP and TCM programs in lieu of privatizing these programs. On August 22, 2006, the *Milwaukee Journal-Sentinel* reported: "Walker also said Monday that he is scrapping plans for now to privatize all the case managers in the county's targeted case management and community support programs. He said the county employees strongly lobbied to be kept as part of the county system and Walker agreed, in part, because of the need for accountability on where its sickest patients are housed."

BHD staff have previously and accurately explained that in the absence of contracting out the county's CSP and TCM functions, significant cuts would have to be made in contract allocations to agencies providing ongoing community services. In addition to the reason mentioned in the article, the County Executive withdrew the recommendation in part because staff of the downtown and southside CSPs had more recently identified a combination of legitimate spending cuts and revenue increases in their programs to make the cost of maintaining their operation no greater than the cost of contracting it out.

As a result of this, the recommendation should have no adverse negative impact on most contract agencys' allocations in 2007. This does not mean that no cuts will be made in them; it simply means that the change of mind in this instance will have no effect beyond what had already been anticipated.

Additionally, the same article reported, "plans include selling the Behavioral Health Complex on Watertown Plank Road in Wauwatosa and using the proceeds to develop permanent housing for people with chronic mental illness."

The statement leaves the impression that moving and selling the land we occupy is one of the proposed housing initiatives, that we are doing this because we need money for housing, and that these actions are imminent. This is not correct.

Since we have not identified a place that we are ready to occupy, moving from this campus will not happen tomorrow or any time soon. The move is not a part of the County Executive's 2007 budget request; and, in any case, the move has nothing whatsoever to do with housing or our housing initiatives.

We are examining the feasibility of moving because it is in the interest of the people we serve and the taxpayers that we find a location to do our important work that allows us to reduce our overhead and facility operating expenses. We are duty-bound as fiscal stewards to examine those possibilities. However, it will be some time before a move actually takes place, and there is always a possibility that we may not move at all, depending on cost and what is or is not available.

If and when we do move, the sale of this land and the use of the proceeds are also entirely separate issues. We have expressed the hope that a portion of the proceeds might be allocated to the development of safe, clean and affordable housing for people with mental illness in this community. The County Executive will make this policy statement in his budget message. But making that happen will require approval by the County Board policymakers, who have their own vision about what should be done with the proceeds. Those decisions are a very long way off.

Inside this issue:

FAMILY CARE

Family Care is a new way of organizing Medicaid funding and service. Like the programs that preceded it (the Community Options Program and the Waiver Program), it offers services to older adults who wish to live as independently as possible. An important feature of Family Care is that it is an entitlement. That means eligible older adults are entitled to its service with no waiting period. Most participants who have Medicaid pay nothing for services covered by Family Care. In addition to Medicaid Waiver eligibility, participants must be at least 60 years of age, have long-term health needs, and live in Milwaukee County.

Enrollment in Family Care starts with a phone call to ElderLink, the Resource Center at **(414) 289-6874**. ElderLink staff will arrange to meet with the consumer to explain more about Family Care and to see if the consumer is eligible for the program.

All mental health providers currently receive an "Aging Report" of clients on their caseload who are age 59 ½ or older. Family Care referrals can be initiated 6 months prior to the consumers 60th birthday. All mental health providers are required to refer clients listed on their "Aging Report" to ElderLink to determine Family Care eligibility. Family Care is a voluntary program. Therefore, the client may choose not to participate in Family Care, even if otherwise eligible. Clients who enroll in Family Care shall be disenrolled from BHD services. Providers may wish to become Family Care Providers, if not currently in the Family Care network.

PROVIDER RESOURCE CENTER, INTRODUCING… PAT DAVIS

Pat Davis has been selected to serve as the Site Coordinator for the new WIser Choice Provider Resource Center, located at 2947 North Martin Luther King Drive. Pat has over 30 years of professional experience in the areas of Project Management, Program Development & Implementation, Business Development, Marketing Research & Analysis, Proposal & Grant Writing, and Fund Development. In addition, Pat has been employed by for-profit, non-profit and faith based organizations. Pat has presented at ATR WIser Choice Technical Support Trainings and prepared a number of applications as a consultant to current network providers. The expertise that Pat brings to her role as Site Coordinator will greatly enhance our ability to support providers during the remainder of the grant. Pat can be reached at (414)263-8489.

Everyone thinks of changing the world, but no one thinks of changing himself.

Leo Tolstoy

CENTRAL INTAKE UNITS, by Mary Kay Luzi, Ph.D.

The summer months have been very busy for the WIser Choice Central Intake Units (CIUs). Between May 1 and August 31, 2006, there were 2,023 individuals seen for intake screens, resulting in 1,834 placements. August was a record-breaking month with 756 people seen. Placements were distributed among the levels of care as follows:

Community Supports	.76%
Outpatient	53.05%
Intensive Outpatient	.82%
Day Treatment	28.03%
Transitional Residential	15.98%
Medically Monitored Residential	.82%
Methadone	.54%

Quality, not just quantity, is of utmost importance. One aspect of quality is satisfaction. Since the last newsletter, the survey of consumer satisfaction with the WIser Choice intake process continued to be made available to consumers by their Recovery Support Coordinator at the time of their GBH interview. Between April 1 and July 15, 2006, 353 consumers chose to respond to the survey. The questions assess four domains of satisfaction: Access (location, times, wait time), Quality & Appropriateness (respect, explanation of program, sensitivity to diversity, comfort asking questions), Outcomes (informed choice of RSC and provider) and overall General Satisfaction.

The percentage of clients who answered *strongly agree* or *agree* to the positively worded questions in these domains were: Access (85.4%), Quality & Appropriateness (88.0%), Outcomes (88.0%) and General Satisfaction (92.2%). These results show a very high level of satisfaction with all aspects of the intake experience; moreover, this was true of all three main CIU sites. Our CIU staff is to be congratulated on their success in meeting the perceived needs of clients. We will be reviewing these results in further detail for opportunities to improve.

Besides client satisfaction with the CIU intake *process*, we are committed to quality in the *content* of the Comprehensive Screen and screener decision-making. In April, the CIUs began a new Clinical Case Review project to ensure continuous quality improvement. Every quarter, CIU supervisors do clinical case reviews on a sample of intakes by each of their screeners and complete a detailed review rating tool. The screener is rated in six areas covering aspects such as completion of all required Comprehensive Screen items, relevant comments, whether ASAM severity ratings reflect risks and strengths identified in Screen and whether ASAM recommended level of care is consistent with both Screen content and ASAM ratings.

Supervisors give their screeners performance feedback and forward the completed case review forms to me. Next, I select one intake from each CIU screener and complete an independent case review using the rating form and “blind” to the supervisor review of that same case. I provide the screeners with written feedback and the supervisors with written feedback on their review of the screener. I note any findings specific to screener, CIU site or CIU system.

I am very pleased to report that the case reviews from the April to June quarter revealed very good performance across CIU sites. Screeners did an excellent job of answering required Screen items and showed significant growth in the quantity and quality of their comments. Level of care recommendations overall were solid. One opportunity for improvement that was identified was helping the screeners further refine their ratings in the more subjective ASAM Dimensions 4, 5 and 6.

CIU supervisors and BHD will be using the findings to jointly identify training needs and develop quality improvement initiatives. We are able to follow-up during our monthly BHD Consultation Time with screeners at each CIU site where we do case presentations and cover a variety of relevant clinical topics.

Community Services Branch Update, by Paul Radomski

In prior Community Services Branch Newsletters I indicated that change was and should remain a constant, for the Branch, consumers and providers. It is also a challenge for every stakeholder in the mental health and substance abuse services system.

In keeping with our challenge to change and grow, the Behavioral Health Division adopted, as part of 2007 budget development process, an initiative that will, upon implementation bring a new programmatic resource to this community. It is called Comprehensive Community Services or "CCS."

CCS is a relatively new state mental health and substance abuse program. It is governed through Wisconsin Health and Family Services Rule 36, (HFS 36), "Comprehensive Community Services For Persons With Mental Disorders And Substance Abuse Disorders." It is also a part of the state Medicaid benefit plan, meaning that persons receiving Title 19 are, in many instances, eligible for CCS services. In addition, eligible services provided to consumers may be reimbursed, in part (approx. 57%), by Medicaid.

CCS is intended to provide a flexible array of individualized community-based psychosocial rehabilitation services to consumers with mental health and/or substance abuse issues throughout their lifespan. This includes children, adolescents, adults and elders.

The intent of the services and supports is:

- To provide for a maximum reduction of the effects of the individual's mental and substance abuse disorder.
- To restore consumers to the best possible level of functioning.
- To facilitate their recovery.

The services to be provided are individualized to each person's need for rehabilitation as identified through a comprehensive assessment. In order to enhance a consumer's potential for recovery, all CCS services are to be provided utilizing a wraparound model that is flexible, consumer directed, recovery oriented, strength and outcome based.

At a functional level, each eligible consumer will have comprehensive assessment, a service facilitator (case manager/care coordinator), a developed services plan and a recovery team. If you are familiar with WIser Choice, Milwaukee County's public sector Alcohol and Drug Abuse system, you will have a fairly good idea of the construction and function of the CCS model.

The Behavioral Health Division is currently in the process of initiating CCS. The first steps include the development and submission of an application to the state for HFS 36 certification. Simultaneously, we have assembled a CCS Coordinating Committee, which is also a requirement of the HFS 36 rule. In our county, the CCS Coordinating Committee will be comprised of twenty-one (21) members with representation from county departments and provider agencies, consumers, family member, advocacy organizations, faith-based organizations and Disability Rights Wisconsin. The first meeting of the CCS Coordinating Committee will be held in early October.

In the meantime, much is being done to prepare an application which will be an onerous task and subject to intensive review by both the state's Bureau of Quality Assurance and state Medicaid office. For BHD staff, development of CCS will be both challenging and rewarding, and we also believe that CCS will offer an enhanced opportunity for recovery for persons experiencing mental illness or substance abuse problems.

There will be more to say about CCS as we progress towards certification and implementation.

Challenges are ever-present, not just through development of CCS, but also in other areas. We are currently in the process of developing a new Request for Application (RFA) for mental health and substance abuse (co-occurring) outpatient services. It is our intent to develop a fee-for-service reimbursement system for outpatient and to expand the provider network for these services. A separate article in this edition provides further information.

In addition, as is discussed more fully in a separate article, is the issue of sustaining our WIser Choice substance abuse system once our federal SAMHSA grant expires. During the past two years we have made substantial and beneficial changes to the public sector AODA system that has resulted in many more persons having access to treatment and receiving more comprehensive services. It is our belief that these changes are resulting, not only in increasing the number of persons who have access to treatment, but is also resulting in better outcomes for the majority of clients provided services.

Our SAMHSA grant represents one-half ($6.8ml) of the total funds dedicated by Milwaukee County for the provision of AODA residential, outpatient, day treatment, recovery support coordination and recovery support services. The grant has an expiration
(cont. on Page 5)

My Baby & Me, by Susan Gadacz

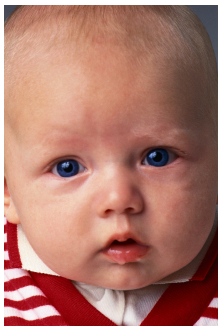
There is an exciting new initiative to address alcohol cessation among pregnant women. *My Baby & Me* is a fetal alcohol spectrum disorders (FASD) prevention initiative sponsored by the Department of Health and Family Services (DHFS) that is a collaborative, system-level effort to improve the ability of prenatal care coordination (PNCC) providers to address alcohol use by pregnant women. *My Baby & Me* is a partnership with the Wisconsin Women's Health Foundation (WWHF) and local maternal and child health care providers. *My Baby & Me* is coming to Milwaukee County beginning this Fall and will provide education, training, contingency management, and prevention strategies for PNCC providers, local agencies, and pregnant women. The goal of the initiative is to increase the number of women who do not drink alcohol during pregnancy by using a strength-based motivational intervention for behavior change. It is an unfortunate statistic that Wisconsin leads the nation in the percentage of women that drink alcohol during pregnancy.

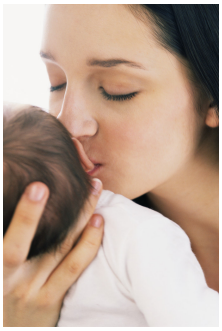
DHFS is committed to sending a clear message about alcohol consumption during pregnancy through a coordinated statewide social marketing campaign. The message about consuming alcohol during pregnancy is clear; there is no known safe amount of alcohol for a pregnant woman to consume. So play it safe, the best drink is no drink at all.

Here's what you can tell women about alcohol use and pregnancy…

- **If you are thinking about getting pregnant**, it's best to stop drinking alcohol now.
- **If you are already pregnant**, the best thing is to stop drinking alcohol completely. If you are pregnant and can't stop drinking by yourself, ask someone for help. Every time you choose not to drink, you're helping your baby.
- **Birth fathers and partners** can help pregnant women by not drinking alcohol, or by reducing the amount that they do drink.

For more information on *My Baby & Me* please contact Lisa Tiedemann, *My Baby & Me* Program Director, at Wisconsin Women's Health Foundation (608) 251-1675.





Paul Radomski, cont. from Page 4

date of August 2, 2007. However, due to under-spending during the first year of the grant, we have been able to carry forward these under-spent funds from one grant year to the next. Although we are now spending grant funds at a rate exceeding year 2 funding, we are, due to the carryover of year 1 funds, not in any danger of reducing service availability in 2006. We also anticipate carryover of year 2 funds into year 3 of the grant, although at a much lower amount. We have chosen, with approval from SAMHSA, to extend unspent funds as of 8/2/07 through the end of calendar year 2007.

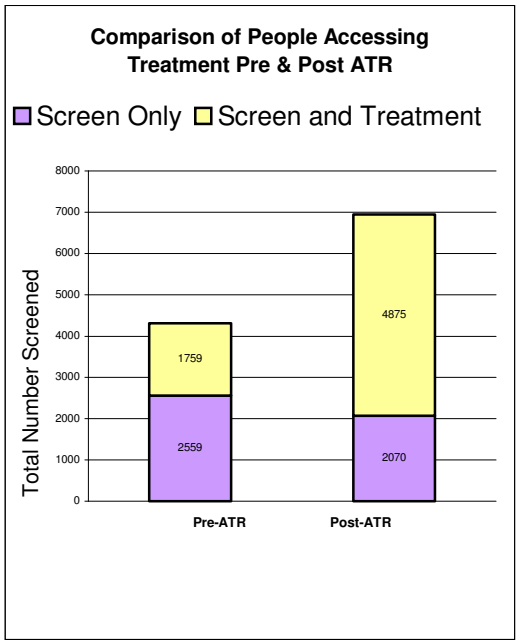
We have recently initiated both internal and external discussions intended to maximize service delivery in the midst of anticipated reduced funding and examine alternative funding sources that would enable Milwaukee County to continue the WIser Choice system as close to current levels as possible.

While I am the author of this article, identifying some of the changes and challenges before us, it is not just me who has ownership, nor is it the Community Services Branch staff or even BHD as a whole who owns them. It is all of us, providers and consumers alike. So I ask that you join us as we engage, head on, the challenges before us.

Impact of ATR/WIser Choice, by Walter Laux

President Bush allocated $70,000,000 to fund Access To Recovery (ATR) in his budget request to Congress for FY 2007. ATR is being used to fund AODA services through WIser Choice, and Milwaukee County receives approximately $6,800,000 each grant year. The original grant will end in August 2007, and Milwaukee County planned to re-apply for ATR funds prior to the expiration of the current grant cycle. However, the House of Representatives has transferred the $70,000,000 earmarked for ATR to AODA block grant. The increase in funds to the AODA block grant would be distributed proportionality throughout the states. Under this proposal, the State of Wisconsin would receive an increase of approximately $1,500,000 in AODA block grant, and there would be no additional funds for ATR. This proposal will not be finalized until after the November elections when Congress is back in session. In anticipation of this substantial loss of funds, the Behavioral Health Division has initiated dialogue with the State regarding sustainability of WIser Choice after the end of ATR. Furthermore, the Milwaukee County was asked to draft a brief statement on the impact of the potential loss of ATR for the Wisconsin congressional delegation. The following is the response from the Behavioral Health Division:

In August 2004, the federal Department of Health and Human Services, through the Substance Abuse and Mental Health Services Administration, awarded an Access To Recovery (ATR) grant to the State of Wisconsin. Since the original grant application was a collaboration between the State and Milwaukee County, the majority of ATR funds awarded to the State, including all service dollars, was awarded to Milwaukee County through a State/County Contract Addendum. ATR was fully implemented in June 2005 and afforded a complete re-design of the public sector substance use treatment system to provide more accountability and seamless service delivery. ATR doubled the amount of service dollars available to Milwaukee County residents and greatly expanded the scope of services, as well as almost tripling the number of people being served. ATR is set to expire in August 2007. Loss of these funds will dramatically impact substance use treatment in Milwaukee County.



The graph to the right demonstrates the profound impact of ATR funds on the substance use system in Milwaukee County. It compares 13 months immediately preceding implementation of ATR with 13 months immediately following implementation of unduplicated clients. Milwaukee County experienced a 61% increase in the total number of screens and 177% increase in the number of people receiving treatment services with the benefit of ATR funds as opposed to pre-ATR. This equates to an additional 3,116 people able to receive treatment through a comparable time period due to the availability of ATR funds.

ATR has allowed enhancement of the public sector treatment service system by meeting the special needs of eligible individuals and families through intervention, treatment, and support services that are gender and culturally responsive. The system now treats the individual and family holistically to address issues in multiple domains of the person's life to sustain recovery after treatment services have ended. Specifically, ATR has fostered the following improvements:

- The enhancement and expansion of screening to improve initial engagement, access and treatment retention.
- The employment of Recovery Support Coordination for each person served, which involves actively coordinating the process of service planning and delivery, as well as the traditional case management function of helping the individual to access services.
- The provision of ancillary recovery support services in addition to treatment, thus addressing needs that are directly related to substance use and thereby achieving better outcomes. Supportive services include, but are not limited to, vocational and educational training, housing, childcare and transportation.
- Identification and development of a broader provider network, including faith-based providers.
- Development of a comprehensive continuum of low/no cost natural supports in the community to help sustain recovery.
- Collaboration across systems such as the Department of Corrections and Bureau of Milwaukee Child Welfare to develop better ways to coordinate services from multiple service systems, including cross training amongst systems to achieve positive individual/family outcomes.
- Establishment of a data-driven, results-oriented management system to monitor and improve outcomes.
- Application of managed-care principles and evidence-based practices to ensure clinical and fiscal accountability.

Loss of ATR funds will reduce the treatment capacity of the system and can be expected to result in waitlists for treatment experienced prior to ATR. We urge you to consider restoration of funds to the Milwaukee County public sector substance use treatment service system so that individuals can become productive, responsible tax-paying citizens of the community.

WIser Choice was recognized for its commitment to building stronger and healthier communities by eroding social stigma about addiction, and creating a society that treats people who are struggling with addiction, in recovery, or at risk for alcohol and other drug problems, with respect.

Milwaukee WIser Choice and graduated consumers receive recognition from Secretary Helene Nelson of the Wisconsin Department of Health and Family Services at a National Recovery Month event held at the WIser Choice Provider Resource Center on Friday, September 15th.

<u>Pictured are:</u>
Paul Radomski, holding a Proclamation from President George W. Bush, and Rob Henken, holding a Certificate of Commendation from Governor Jim Doyle.

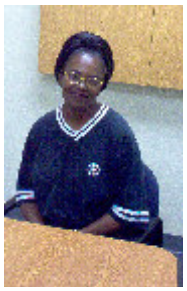
<u>Pictured below:</u>
Secretary Helene Nelson presenting Ernestine Burton with a Certificate of Recognition for successful participation in Milwaukee WIser Choice.

<u>Pictured below:</u>
Secretary Helene Nelson presenting Daryl Powell with a Certificate of Recognition for successful participation in Milwaukee WIser Choice.

What about NEXUS?

'Nexus, Connecting Families to Recovery' has provided a framework for an integrated system of care to Milwaukee County TANF eligible adults and their families since 2000 for substance use treatment services. Whereas this approach proved beneficial to the individuals served under Nexus, it was inadequate to meet the needs of all Milwaukee County residents with substance use disorders, regardless of funding eligibility. As a result, Milwaukee County instituted WIser Choice (Wisconsin Supports Everyone's Recovery Choice) on June 20, 2005. WIser Choice is premised on the philosophical context of Nexus, incorporating its core values across an entire system rather than a few select individual agencies. The impetus for this systemic change was the realization that the multiple needs of families afflicted with substance use disorders were not being adequately addressed across funding streams. The intent is to fundamentally transform the manner in which services have traditionally been delivered by reducing barriers for families involved in multiple systems through improving cross-system coordination, provision of wraparound philosophy of care and services, development of networks of formal and informal supports, and using a family-centered, strength-based, gender/culturally-responsive approach. This in turn has greatly expanded choice to TANF eligible individuals because of the larger provider network to include non-traditional service providers that had previously been unavailable to consumers under Nexus, and provides an opportunity to more quickly re-integrate back into the community with the expansion of the WIser Choice ancillary support system. The net result of this systemic change is that Nexus no longer exists in Milwaukee County, as a separate and distinct system, but rather is encompassed within WIser Choice.

Ernestine's story...



Enrolled in Milwaukee WIser Choice: 11-8-05
Disenrolled from Milwaukee WIser Choice: 7-7-06

Name, age and hometown:
Ernestine Burton, 50-year-old African American female born in Milwaukee, Wisconsin.

Children:
Three children: 2 boys and 1 girl (Shaketta 31, Charles 28, Brandon 25)

What led her to start using alcohol or other drugs?
Ms. Burton had an abusive childhood and ended up in an abusive marriage. She stated that while married, her husband would force her to use drugs.

How did drug abuse/addiction impact Ernestine's life?
She stated that she lost everything, her self respect, jobs, family trust, her children and more. Furthermore, at that time she felt like killing herself.

How is her life better today because of ATR's clinical treatment and/or recovery support services?
Ernestine stated that now she has her family's trust, a very good job and a house. She further stated that it feels good to be clean and have money in her pocket everyday. She stated that she learned to talk about her feelings and not keep them to herself and how to love herself. She also learned from treatment ways to go about forgiving herself and to get her family to forgive her. The ancillary service she received from the Goodwill assisted her in obtaining a job that pays $11.00 an hour.

Ms. Burton attends meetings on a regular basis and also goes to church when she is not too tired, Trinity and Monumental, which offers support groups also.

Mental Health Outpatient/Request For Agreement, by Jennifer Bergersen

BHD is seeking to expand its outpatient provider network. We are seeking experienced outpatient mental health providers with a demonstrated capability to provide mental health services for low income, indigent and non-insured Milwaukee County residents. Currently BHD provides services to approximately 3,600 indigent consumers at any given time with referrals generated from the psychiatric hospital, crisis services and various community providers. A Request for Agreement will be published soon. Services required include, but are not limited to, psychiatric diagnostic interview, assessment and evaluation, medication management, individual therapy, case management, psychological evaluation and rigorous prescription assistance program participation. A fee for service reimbursement mechanism will also be utilized.

As it is estimated that more than 50% of individuals that seek outpatient treatment also have a co-occurring substance abuse disorder, it is our vision to further develop the mental health outpatient provider network to incorporate these needs and strive to develop best practice co-occurring MH/AODA outpatient treatment. This includes integrated treatment and continual quality improvement. In July 2006, we consulted with Dr. Ken Minkoff and Dr. Chris Kline in the discussion of the above RFA, but more specifically in providing us direction to craft a new vision of a "dual diagnosis capable" provider network that is person centered and consumer driven. We are looking for mental health outpatient providers with a commitment to partner with BHD to develop this system goal. We welcome your participation and creativity in this process. Please direct your comments and feedback to: jbergersen@milwcnty.com.

RECOVERY SUPPORT COORDINATION, by Gena de Sousa

In its very essence Recovery Support Coordination is all about partnerships and relationship-building skills: providers partner with individuals/families to create a care plan, and professionals partner with one another on behalf of their mutual client in order to create a support team which is committed to the individual's recovery and well being. At a more macro level, this partnership extends to the relationship between us (BHD/SAIL) as the funding source and the service provider – these partnerships are *essential* to the 'health and well being' of the AODA service delivery system. As a care coordination provider, St. Charles Youth & Family Services, Inc. (St. Charles) has been an outstanding partner to the public AODA system. BHD's history with St. Charles even precedes their formal involvement with the adult system. When 1999 Wraparound Milwaukee was asked to be part of a State initiative (Milwaukee Family Services Coordination Initiative) to identify system barriers and recommend best practice barrier-free options, St Charles became part of the solution: so much so, that they became the very first independent Care Coordination Team this adult system ever funded (this was comprised of 4 care coordinators and eventually a lead/supervisor). Today, St Charles provides the services of two well developed Recovery Support Coordination Teams to the Milwaukee WIser Choice system.

"***St. Charles Youth & Family Services, Inc."*** is a private, not for profit, nonsectarian child and family welfare agency providing a variety of services to our clients from sites located throughout South Eastern Wisconsin. Since 1920, St. Charles Youth & Family Services, Inc. has been strengthening children and their families by providing 24-hour care, alternative education, mental health counseling and other family-focused services. We are dedicated to helping youth and adults develop the skills necessary to realize their potential and lead fulfilling lives.

TARGETED CASE MANAGEMENT, by Lesley Schwartz-Nason

The Behavioral Health Division Targeted Case Management (TCM) network update includes two topics of interest. During the week of July 24, 2006 a representative of DHFS conducted an on-site survey at the BHD for renewal of certification as a provider of Emergency Mental Health Service Programs (EMHSP) under Wis. State stats, 51:42, Chapter HFS 34. Standards are defined for the operation and Wisconsin Medicaid Program reimbursement eligibility of a coordinated system of mental health services providing immediate responses to assist persons experiencing a mental health crisis, and include PCS, the Crisis Line, Crisis Walk-in Clinic, Crisis Mobile Team, and inpatient hospital care. Under this program four of the nine TCM programs have been providing Linkage and Follow-up services for over two years, more commonly referred to in the network as "Crisis Case Management services." As a provider of these services, the TCM programs are responsible for meeting and maintaining EMHSP requirements. As agreed upon at the time of the last certification 2 years ago, SAIL rather than the state surveyor would have the responsibility of assuring and monitoring compliance and collecting required documentation, personnel certifications and personnel supervision and training logs to eliminate the need for the surveyor to visit each TCM site and instead survey all of the programs at one site. The outcome was that the TCM network was meeting all of the requirements for certification and exceeded the standards and expectations. The plan is to continue the service with the goal of all nine programs delivering crisis case management services.

For the 2007 calendar year and in the BHD 3-year contract cycle, Cycle I programs, which include TCM, are open to new applicants with all programs required to submit full applications for panel review. Deadline for submission was September 5, 2006. A total of 13 applications were received: 8 from existing contracted agencies, 1 additional application from an existing contracted agency and 4 from new agencies. Panel review has been scheduled for October 18, 2006. For more information on TCM please contact Lesley Schwartz-Nason in SAIL: lschwartznason @milwcnty.com.

COMMUNITY BASED RESIDENTIAL FACILITIES, by Todd Elmer

2006 has presented significant challenges for SAIL and its residential treatment provider network serving persons with severe and persistent mental illness.

The challenges include overall increased demand for residential treatment services (this is occurring as the system lost 8 beds, increased demand for services for persons with co-occurring disorders, increased demand for services for youth who often present unique transition challenges into the adult system and increased demand for residential services for persons with community risk factors that our current residential system of care often has difficulty addressing.

SAIL has, since its inception, required treatment provider s to monitor service utilization and to move consumers to the least restrictive levels of care appropriate to their needs. SAIL monitors agency compliance by reviewing information provided by our IT department as well as review of service utilization reports completed by providers and submitted to the service manager in charge.

SAIL also controls its "front door" by reviewing all requests for residential services made by non-hospital providers via the various operations meetings that occur (CSP and TCM). Given the challenges SAIL faces this year, a plan was developed and implemented to " step up " the review of service utilization.

A team of SAIL service managers was formed and, starting in early July, that team began a weekly review of consumer service utilization at each CBRF location. The team reviews each resident's continued need for residential services with group home staff and, if the consumer receives case management services, the case manager provides input. When appropriate, plans for movement are developed if not already initiated by the staff involved.

For consumers receiving services from both the CBRF provider and a case management provider, barriers to discharge are identified and plans are set forth to facilitate discharge.

If, as a result of this review process, it is determined that discharge from the facility is not likely within a reasonable timeframe, discharge from the case management provider is considered and authorized when appropriate.

The SAIL team involved in this process works closely and monitors plans developed at each site. Further monitoring of these plans occur at each of the CSP, TCM and CBRF operations meetings.

It is and has been SAIL's goal to provide access to services for all eligible persons with minimal delay and this process of on-site review of service utilization is one of the efforts occurring on an ongoing basis to achieve that goal.

Client Satisfaction Survey Results

Quality Assurance Staff:

Stefanie Erickson- QA Specialist: serickson@milwcnty.com. Phone: 257-7354
Jena Scherer- QA Coordinator: jscherer2@milwcnty.com. Phone: 257-7331
Michelle Naples- QA Specialist: mnaples@milwcnty.com. Phone: 257-7647
Patricia Patterson- QA Specialist: ppatterson@milwcnty.com. Phone: 257-7657

CLIENT SATISFACTION SURVEY:
MILWAUKEE WISER CHOICE CLINICAL TREATMENT PROVIDERS

One of the questions contained on the client satisfaction survey, which consumers complete regarding treatment they received from their chosen Milwaukee WIser Choice Clinical Treatment Provider, is, "If you have had a good experience with your treatment provider, would you like to give anyone in particular special recognition?" Below are some of the responses.

- *Carlos Robinson (Harambee)-He takes the time to help me w/ my issues.*
- *Rick Ziebell (LSS)- Very much in touch with me because of his experience and very optimistic about my recovery.*
- *Brother "Kehendia" (OMNI)- The brother is well versed in motivating people plus, he's got plenty of patient, "saboe".*
- *Mark Silva, Sarah, James and Hilary (Guest House)- Supportive, understanding.*
- *Viltar (CYD)- Helping me w/ my issues, gets along well, positive feedback.*
- *Jose Layton (Mi Familia)- Understands problems, cut down.*
- *Matt & Darcy (Aro-Howell)- They are easy and fun to talk to. They have given me helpful and positive advice.*
- *John & Jim (Cedar Creek)- John does individual, Jim's group are good.*
- *Christeera (Genesis)- She was on her job-she made her self-available when I needed to talk.*
- *Ms. Seals (COPE)- Good listener.*
- *Dartene, Dyso, & Donna (Benedict Center)- Darlene never gave up on me and always believes that I can & will recover. Donna is a person that's always there when I need someone to talk to.*
- *Mrs. Frederica (Horizon)- She is the greatest.*
- *The entire staff (Guest House)- Due to the fact they are always there to give guidance. They love their jobs.*

SAIL QA Staff would like to say thanks to all of the treatment providers for your hard work with clients on a daily basis.

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PROGRAM EVALUATION, by Michael Nunley

To better understand the impact of Milwaukee County's redesign of alcohol and other drug abuse (AODA) services, an analysis was done of available data on AODA treatment outcomes for calendar 2005 both before and after Milwaukee WIser Choice was fully implemented on June 20, 2005. Not all the outcomes monitored for Milwaukee WIser Choice are the same as those monitored for AODA treatment prior to June 2005, but some elements are similar. Both before and after the redesign, clinical service providers have been required to report at discharge the reason why a client is discharged from a particular episode of clinical service. For discharges that occurred during the first five months of 2005, the reason given for discharge was either completion of treatment or continuation of treatment with either the same or another service provider for 338 of 1591 treatment episodes. These are considered "successful" outcomes in SAMHSA's national Treatment Episode Data Set (TEDS), so this corresponds to a 21.3% overall episode "success" rate prior to the implementation of Milwaukee WIser Choice, though this success varied by Service Type:

Residential	36.1%
Day Treatment	6.9%
Outpatient	11.5%
Methadone	30.9%
All Service Types	21.2%

For episode discharges after the implementation of Milwaukee WIser Choice, in contrast, the reason given by clinicians for discharge was either completion of treatment or transfer to another service provider for 1164 of 2296 treatment episodes. This corresponds to a 50.7% "success" rate by TEDS criteria after the implementation of Milwaukee WIser Choice, varying among the following Levels of Care:

Medically Monitored Residential	71.8%
Transitional Residential	56.6%
Day Treatment	35.6%
Intensive Outpatient	36.8%
Outpatient	51.6%
Methadone	21.1%
All Levels of Care	50.7%

Equally important is that, since this improvement occurred at the same time as a sharp increase in total AODA intake assessments and a sharp increase in the proportion of those assessed as needing treatment who go on to receive it—as reported by Walter Laux elsewhere in this newsletter—the total number of clinical episodes discharged because the client "completed treatment" rose from only 117 in the first five months of 2005 (23.4/month) pre-WIser Choice to 888 in the last seven months of 2005 (126.9/month) post-WIser Choice, which comes to more than a fivefold increase in the number of clients completing treatment programs. All the agencies participating in the Milwaukee WIser Choice service system are to be congratulated for their parts in the cooperative efforts that have contributed to this dramatic improvement.